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THORACIC AND CARDIOVASCULAR SURGERY

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328-3189

June 12, 1981

R. Raymond Green, M.D.  
45 S. Main St.  
Heber, Ut. 84032

Re: Thomas R. Davis

Dear Ray:

I haven't had an opportunity to send you a note on your patient, Thomas Davis. As you recall from our conversations, we had an opportunity of re-admitting this gentleman to the L.D.S. Hospital for definitive evaluation of the large lesion in his left hemi-thorax. We felt this represented a squamous cell carcinoma, and following definitive investigation, this proved to be the case.

He was then re-admitted for further evaluation, and definitive operative intervention. Following a satisfactory clinical and laboratory evaluation, he was taken into the operating room, where through a left thoracotomy, a large mass was encountered in his left lung. This was not amenable to lobectomy, but pneumonectomy was successfully accomplished. During the surgical procedure, he tolerated this very nicely, but as I was closing the chest wall, his pressure dropped precipitously, necessitating re-opening his chest immediately. On opening his chest, he had 2 to 3 liters of blood which had accumulated rapidly in his left hemi-thorax. This was immediately evacuated, and the suture on his pulmonary artery had pulled through, and he was bleeding from his pulmonary artery. This was satisfactorily controlled. Post-operatively, he did very poorly, as you might anticipate with a man who was hypotensive, for a short period of time. He did sustain some neurological deficit. He was seen in consultation, and this was treated, but proved to be a serious factor in his convalescent course. He disrupted his wound, but this was successfully handled. The most serious problem I had with him was his neurological deficit. Intra-venous TPN feeding was necessary, in that his swallowing mechanism was so deranged, he could not swallow solids satisfactorily. I then attempted tube feeding, but he developed severe diarrhea, and so I had to go back to parenteral feeding.

I was then out of town. Dr. Robert Beveridge, my partner, was following him very carefully, but he suddenly expired during my absence, and a post-mortem examination was not obtained.

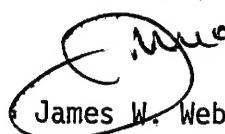
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Ray, I again apologize for not sending this material sooner, but I wanted to talk to you personally, before you received a letter on Mr. Davis.

The outcome may have been the same, in that he had extensive carcinoma, but even so, I would have liked to have him leave the hospital.

Ray, if I can be of any further assistance, please don't hesitate to let me know. With best regards,

Sincerely yours,

  
James W. Webster, M.D.

JWW/ah